

## **EXHIBIT 1**

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /  
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFJNA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

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MAY 29 2018

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Modified Official Form 410 / Formulario Oficial 410 Modificado

**Proof of Claim / Evidencia de reclamación**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Date Stamped Copy Returned  
 No Self-Addressed Stamped Envelope  
 No Copy Provided

**Part 1 / Parte 1**

**Identify the Claim / Identificar la reclamación**

1. Who is the current creditor?

The Official Committee of Retired Employees of the Commonwealth of Puerto Rico on behalf of the retired employees of the Commonwealth of Puerto Rico

¿Quién es el acreedor actual?

Name of the current creditor (the person or entity to be paid for this claim)  
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor  
Otros nombres que el acreedor usó con el deudor



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2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Sí. ¿De quién? _____																																	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?	Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)																																
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<p>See attached rider. Notice should also be sent to:</p> <p>Official Committee of Retirees, c/o Robert Gordon, Jenner &amp; Block LLP</p> <table border="1"> <tr> <td colspan="2">Name / Nombre</td> </tr> <tr> <td colspan="2">919 Third Avenue</td> </tr> <tr> <td>Number / Número</td> <td>Street / Calle</td> </tr> <tr> <td>New York</td> <td>NY</td> </tr> <tr> <td>City / Ciudad</td> <td>State / Estado</td> </tr> <tr> <td colspan="2">ZIP Code / Código postal</td> </tr> <tr> <td colspan="2">(212) 891-1600</td> </tr> <tr> <td colspan="2">Contact phone / Teléfono de contacto</td> </tr> <tr> <td colspan="2">rgordon@jenner.com</td> </tr> <tr> <td colspan="2">Contact email / Correo electrónico de contacto</td> </tr> </table> <p>To the respective Beneficiaries (as defined in the attached rider), whose names and addresses are on file with the Commonwealth.</p> <table border="1"> <tr> <td colspan="2">Name / Nombre</td> </tr> <tr> <td colspan="2">Number / Número Street / Calle</td> </tr> <tr> <td>City / Ciudad</td> <td>State / Estado</td> </tr> <tr> <td colspan="2">ZIP Code / Código postal</td> </tr> <tr> <td colspan="2">Contact phone / Teléfono de contacto</td> </tr> <tr> <td colspan="2">Contact email / Correo electrónico de contacto</td> </tr> </table>		Name / Nombre		919 Third Avenue		Number / Número	Street / Calle	New York	NY	City / Ciudad	State / Estado	ZIP Code / Código postal		(212) 891-1600		Contact phone / Teléfono de contacto		rgordon@jenner.com		Contact email / Correo electrónico de contacto		Name / Nombre		Number / Número Street / Calle		City / Ciudad	State / Estado	ZIP Code / Código postal		Contact phone / Teléfono de contacto		Contact email / Correo electrónico de contacto	
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4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) _____ Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)																																	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior? _____																																	
¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?																																		

**Part 2 / Parte 2:**

**Give Information About the Claim as of the Petition Date**

Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a> .) Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a> .) See attached rider.	
7. Do you supply goods and / or services to the government?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación: See attached rider. Vendor / Contract Number   Número de proveedor / contrato: _____  List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mentionados anteriormente), pero antes del 30 de junio de 2017 \$ _____	

<p>8. How much is the claim? ¿Cuál es el importe de la reclamación?</p>	<p>\$ At least \$58,502,526,000. (See attached rider.) Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos?  <input checked="" type="checkbox"/> No / No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalte la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p>
<p>See attached rider.</p>	
<p>10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?</p>	<p><input checked="" type="checkbox"/> No / No  <input type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien:  <input type="checkbox"/> Motor vehicle / Vehículos  <input type="checkbox"/> Other. Describe: _____          Otro. Describir: _____</p> <p>Basis for perfection / Fundamento de la realización de pasos adicionales: _____</p>
<p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.)</p>	
<p>Value of property / Valor del bien: \$ _____</p> <p>Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ _____</p>	
<p>Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ _____          (The sum of the secured and unsecured amounts should match the amount in line 7.)          (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)</p>	
<p>Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso : \$ _____</p>	
<p>Annual Interest Rate (on the Petition Date)          Tasa de interés anual (cuando se presentó el caso) _____ %  <input type="checkbox"/> Fixed / Fija  <input type="checkbox"/> Variable / Variable</p>	
<p>11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?</p>	<p><input checked="" type="checkbox"/> No / No  <input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso \$ _____</p>

12. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Identify the property / Sí. Identifique el bien: _____
13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$ <u>See attached rider.</u>  Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

**Part 3 / Parte 3:**

**Sign Below / Firmar a continuación**

The person completing this proof of claim must sign and date it.  
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha.  
FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- I am the creditor. / Soy el acreedor.
- I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta *Evidencia de reclamación* se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

He leído la información en esta *Evidencia de reclamación* y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 05/29/2018 - 29/05/2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

R. Gordon

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name	Robert	D.	Gordon
	First name / Primer nombre	Middle name / Segundo nombre	Last name / Apellido
Title / Cargo	Partner		
Company / Compañía	Jenner & Block LLP		
	Identify the corporate servicer as the company if the authorized agent is a servicer. Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.		
Address / Dirección	919 Third Avenue		
	Number / Número	Street / Calle	
	New York	NY	10022
	City / Ciudad	State / Estado	ZIP Code / Código postal
Contact phone / Teléfono de contacto	212-891-1600	Email / Correo electrónico	<u>rgordon@jenner.com</u>

**RIDER TO THE PROOFS OF CLAIM OF THE OFFICIAL  
COMMITTEE OF RETIRED EMPLOYEES OF THE  
COMMONWEALTH OF PUERTO RICO**

This Rider is part of the proofs of claim (the “**Proofs of Claim**”) filed by the Official Committee of Retired Employees of the Commonwealth of Puerto Rico (the “**Retiree Committee**”) against the Commonwealth of Puerto Rico (the “**Commonwealth**”), the Employees Retirement System of the Government of the Commonwealth of Puerto Rico (“**ERS**”), and the Puerto Rico Highways and Transportation Authority (“**HTA**,” and together with the Commonwealth and ERS, the “**Debtors**” and each a “**Debtor**”), for pension benefits and any and all other post-employment benefits owed or owing to any retiree or former employee of a Debtor, or any person who is or was a participant in a pension plan sponsored or administered by a Debtor, including the Pay-Go system established under Act 106 of 2017, and any beneficiary of any the foregoing persons, or any claim relating to those benefits (such benefits, “**Pension Claims**,” and any person to whom Pension Claims are owed, “**Beneficiaries**”).

On February 15, 2018, the Court entered an *Order (A) Establishing Deadlines and Procedures for Filing Proofs of Claim and (B) Approving Form and Manner of Notice Thereof* (“**Claims Procedure Order**”) (Commonwealth Dkt. No. 2521). The Order provided, in relevant part:

6. Persons NOT Required to File Proofs of Claim by the Applicable Bar Dates. The following persons and entities are not required to file a proof of claim on or before the applicable Bar Dates:

...

f. Pension Claims: With respect to pension benefits and any and all other post-retirement benefits, any retiree, active employee, and former employee of a Title III Debtor, or any person who is or was a participant in a pension plan administered by a Title III Debtor, and any beneficiary of any the foregoing persons (“**Pension Claims**”); provided, however, that any such holder must assert a claim not otherwise excepted from filing a proof of claim by Paragraphs 6(a) through (o) of this Order by filing a proof of claim with respect to such other claim on or before the General Bar Date to avoid disallowance of such other claim;

*Id.* ¶ 6.f.

Although the Claims Procedure Order obviates the need to file any proof of claim for Pension Claims, the Retiree Committee files these Proofs of Claim out of an abundance of caution on behalf of all Beneficiaries. The Retiree Committee asserts Pension Claims against the Commonwealth, as primary obligor, for at least \$58,502,506,000, the value of Pension Claims owed to the Beneficiaries as of May 3, 2017, the date the Commonwealth filed its Title III petition. This liability was calculated using the census data, assumptions, methods, and plan provisions used in the June 30, 2016 actuarial valuation reports prepared by Milliman, Inc., except that a 3.82%

discount rate was used. The 3.82% discount rate is the Bond Buyer's 20-Bond GO Index as of April 27, 2017, the most recent rate released prior to the petition date. The census data used in the June 30, 2016 actuarial valuation was as of June 30, 2015. The liabilities were rolled forward from the census date of June 30, 2015 to the petition date of May 3, 2017 using a standard roll-forward method. The Pension Claims against the Commonwealth are for accrued pension and other post-employment benefits under, *inter alia*, Act 447 of 1951, Act 218 of 1951, Act 12 of 1954, Act 1 of 1990, Act 305 of 1999, Act 91 of 2004, Act 70 of 2010, Act 114 of 2011, Act 116 of 2011, Act 3 of 2013, Act 32 of 2013, Act 160 of 2013, Act 162 of 2013, and Act 211 of 2015.

The Retiree Committee asserts a claim against ERS, a statutory pension trust, as secondary obligor for the Pension Claims, for at least \$390,480,000, the approximate amount of funds ERS held in trust for the Beneficiaries as of May 21, 2017, the date ERS filed its Title III petition. These funds were subsequently transferred from ERS pursuant to Joint Resolution 188 and Act 106 of 2017. The Retiree Committee reserves all rights to pursue claims against ERS or any other Debtor as the primary or secondary obligor for its claims pursuant to Joint Resolution 188, Act 106 of 2017, and any other applicable law.

The Retiree Committee asserts an unliquidated claim against HTA, as secondary obligor for the Pension Claims, for any amounts owed to Beneficiaries on account of work actually performed on behalf of HTA. The Retiree Committee reserves all rights to pursue claims against any Debtor as the employer of any of the Beneficiaries.

Various portions of the Pension Claims may be entitled to administrative expense priority, including, without limitation, benefits earned postpetition in the Teachers Retirement System of the Commonwealth of Puerto Rico and the Judicial Retirement System of the Commonwealth of Puerto Rico. In addition, the Retiree Committee reserves the right to assert administrative priority for all amounts based on the postpetition assumption by the Commonwealth of all pension liabilities pursuant to Law 106 of 2017. *See In re Merry-Go-Round Enters., Inc.*, 180 F.3d 149, 158 (4th Cir. 1999); *In re Klein Sleep Prods., Inc.*, 78 F.3d 18, 30 (2d Cir. 1996).

The Retiree Committee reserves the right to supplement or amend the Proofs of Claim, including to include additional sums or to state a total amount that is or would be owed by the Debtors as of the date of any distribution or payment with respect to its Pension Claims, or as may be necessary if the scope of the Retiree Committee's constituency is expanded. In addition, should the Debtors cease payments on Pension Claims to current Beneficiaries post-petition, the Retiree Committee reserves its right to assert an administrative expense claim for such unpaid amounts. The Retiree Committee asserts that the Pension Claims are claims for "essential public services" under Article II, section 18 of the Puerto Rico Constitution and section 201(b)(1)(B) of PROMESA, 48 U.S.C. § 2141(b)(1)(B).

Notices should be sent to the Retiree Committee at the address specified in the Proofs of Claim and/or individual Beneficiaries as required by applicable law, rules, and due process. All payments of retirement benefits should be made to the appropriate Beneficiaries, whose names and addresses are on file with the Commonwealth.

Nothing contained in the Proofs of Claim or this Rider should be viewed as an admission that non-payment, reduction, or modification of Pension Claims should or will be authorized by

any law or court of competent jurisdiction. The Retiree Committee asserts that no reduction or modification of retirement benefits is warranted in the Debtors' Title III cases.

# Prime Clerk

Brooklyn

## CLAIM/BALLOT HAND DELIVERY CONFIRMATION SHEET

DATE RECEIVED: 5-29-18

CASE: Puerto Rico

NO. OF CLAIMS: 3

NO. OF BALLOTS: 0

COPIES: 0

RECEIVED BY: Christine Morales

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